**Vendor Name**:

**Vendor ID**:

**Ordering Address**:

**Remit to Name**:

**Remit to Address**:

**Phone Number**:

**Fax Number**:

**Payment Form** (circle one): CHECK WIRE TRANSFER

**Payment Terms** (circle one): 30 DAYS DUE NOW

**Payment Type** (circle one): ACCOUNTS PAYBLE PAYROLL

**Classification** (check one): Employee Garnishment

 Supplier Tax Collection

General Deduction

**M/WBE Vendor** (check as appropriate): MBE WBE M/WBE N/A

*Find M/WBE status at:* [*https://****ny****.newnycontracts.com/frontend/vendorsearchpublic.asp*](https://ny.newnycontracts.com/frontend/vendorsearchpublic.asp)

NOTE: For New Vendors, submit completed Form W-9 or copy of Game Official Form

For Vendor Updates, attach copy of invoice or other document showing new information

Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Processed by: Date: